

Case Number:	CM15-0003527		
Date Assigned:	01/15/2015	Date of Injury:	01/11/2008
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male who reported an injury on 01/11/2008 due to an unspecified mechanism of injury. On 11/14/2014, he presented for a followup evaluation. He complained of burning radicular neck pain and spasm rated at a 6/10, bilateral shoulder pain radiating down to the arm and to the fingers with associated muscle spasm and weakness rated at a 7/10, and burning radicular low back pain with associated muscle spasm rated at a 6/10. A physical examination of the cervical spine showed +2 tenderness to palpation with mild spasms at the suboccipital region, scalene, and over the sternocleidomastoid muscles. Range of motion was noted to be decreased and cervical compression and distraction tests were positive. Bilateral shoulder examination showed tenderness to palpation at the supraspinatus muscles and tendon, as well as muscle attachment site with tenderness to palpation to the AC joint and subacromial space at the left shoulder. Ranges of motion were decreased bilaterally. Sensation was noted to be diminished over the C5, C6, and C7, and T1 dermatomes in the bilateral upper extremities, motor strength was decreased secondary to pain, and deep tendon reflexes were 2+. The lumbar spine examination showed that he was able to perform heel and toe walk, but with pain, and there was tenderness to palpation at the lumbar paraspinal muscles and subsacral junction. Range of motion was decreased, sensation was diminished over the L4, L5, and S1 dermatomes bilaterally, and motor strength was slightly decreased secondary to pain. He was diagnosed with cervical spine HNP, low back pain, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine degenerative disc disease, facet joint hypertrophy, anxiety disorder, stress, mood disorder, hypertension, sleep disorder, and Parkinson's disease. The treatment plan was for

Fanatrex 25 mg/mL oral suspension, 5 mL twice a day, 420 mL. The rationale for treatment was to treat the injured worker's neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fanatrex 25 mg/ml oral suspension, 5ml twice a day, 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49.

Decision rationale: According to the California MTUS Guidelines, gabapentin is recommended for neuropathic pain. Based on the clinical documentation submitted for review, the injured worker was noted to have neuropathic pain symptoms. However, there is a lack of documentation regarding the injured worker's response to this medication. Without documentation showing that he has had a quantitative decrease in pain and an objective improvement in function, and a reduction in his neuropathic pain symptoms, the request would not be supported. As such, the request is not medically necessary.